POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT

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NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection

	I. SITE IDE	ENTIFICATION	1		
a.sıre name Pennwalt Corp Lucidol Di	ivision	B. STREET (or other identifier)			
c. city Crosby 7x0043 75	0512	D. STATE	7/532	F. COUN Harri	TY NAME S
g. OWNER/OPERATOR (II known) 1. NAME William Connellee - R.A. Schwab - Presi		rson to co	ntact first)		328-3561
H. TYPE OF OWNERSHIP	3. COUNTY 4 MUN	IC'PAL X5	PRIVATE6	UNKNOWN	
WDW 122 is used to off site.	anufacturers of ordispose of nonhaz				
J. HOW IDENTIFIED (I.e., citizen's comp ckhardt List	laints, OSHA citations, etc.)				K. DATE IDENTIFIED (mo., day, & yr.) 11-20-79
L. PRINCIPAL STATE CONTACT					11-20-73
1. NAME Pariel L. Scheppe	er'S				PHONE NUMBER 475-1344
II.	PRELIMINARY ASSESSME	ENT (complete	this section (ast)		
B. RECOMMENDATION I. NO ACTION NEEDED (no hazard) 3. SITE INSPECTION NEEDED 6. TENTATIVELY SCHEDULED F b. WILL BE PERFORMED BY: C. PREPARER INFORMATION 1. NAME Lisa Montgomery, Undergr	ound Resource Manag	2. IMME 5. WILL 4. SITE	DIATE SITE INSPENTATIVELY SCHED	CTION NEE	SUPERFUND OCT 23 1
	III. SITE I	NFORMATION			
A. SITE STATUS 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if intre-	2. NACTIVE (Those sites which no longer receive weetes)	(Those sites no regular or	R (specify): that include such in continuing use of th	cidents like le site for w	"midnight dumping" where ate disposal has occurred.) 학그권
quentiy.)					The sect I'll
guentity.) B. IS GENERATOR ON SITE? 1. NO	X 2. YES (epocity gen	nerator's four-di	git SIC Code): 28	369	LIMINA does r
guentity.) B. IS GENERATOR ON SITE?	D. IF APPARENT SERIOUS 1. LATITUDE (degmin-e 29° 56' 58"	NESS OF SITE	S HIGH, SPECIFY C	OORDINAT	ES 302

	ľ		ON OF SITE ACTIVIT		
Indicate the major sit		ails relating to each ac	ctivity by marking 'X'		es
X A. TRANSPOR	X	B. STORER	C. TREATE	^	D. DISPOSER
1. RAIL	- II. PILE		I. FILTRATION	1. LANDE	
2. 3HIP		ACE IMPOUNDMENT	2. INCINER TION	2. LANDI	
3. BARGE	X 3. DRUM		3. VOLUME REDUCT		
4. TRUCK		. A BOVE GROUND	4. RECYCLING/REC		CE IMPOUNDMENT
S. PIPELINE		BELOW GROUND	S. CHEM./PHYS. TRE	ATMENT S. MIDNIG	HT DUMPING
(6. OTHER (specify):			6. BIOLOGICAL TRE		
They do not or		concrete	7. WASTE OIL REPRO	CESSING A 7. UNDER	GROUND INJECTION
containers so r transporter. (l as transporter- dump invent.)	isted- open		8. SOLVENT RECOVE 9. OTHER (specify):	a. OTHER	(specify):
Plant has sub solid waste ma	anagement facili	f RCRA which inc ties. All waste is recommended a	management fac		
		V. WASTE RELAT	ED INFORMATION		
A. WASTE TYPE]2. LIQUID X 3	3. SOLID X 4. S	LUDGE5. d	AS	
10. OTHER (specif	7 REACTIVE8	INERT9 F	LAMMABLE	IIGHLY VOLATILE	
	J151, DOC2, KO54	, T30, T31, Acti			
2. Estimate the amo	unt(specify unit of mea	asure) of waste by cate	gory; mark 'X' to indic	ate which wastes are	present.
a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
1000 lbs./year	Unknown	Unknown	1. 51.600 g.	300 5-gal.cont	125 T
lbs./year	UNIT OF MEASURE	UNIT OF MEASURE	1. drums 2. gallons	(lbs.) units/month	MM/year sure
PIGMENTS	X (1) OIL Y WASTES	'X' (1) HALOGENATED SOLVENTS	X 2. sulfuric	(1) FLYASH	'X'
12) METALS SLUDGES	(2) OTHER (specify):	(2) NON-HALOGN D	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER(specify):	(3) CAUSTICS	MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS	1
Inorg. w/trace			ISI DYES/INKS	SMLTG. WASTE	
org.			(6) CYANIDE	(broken	Effluent
Active RCRA facility			77 PHENOLS	thermometers)	Underground
			(8) HALOGENS	*composite containers	Injection
			(9) PC3	Active RCRA	Active RCRA
			(10) METALS	Facility	Facility
			Active RCRA	•	

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Facility

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V. WASTE RELATED INFORMATION (continued)

Cyanide-bearing wastes Amine solids - nc longer generated Process wastewater

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

		VI. HAZ	ARD DESCRIPTION	ON
A. TYPE OF HAZARD	B. POTEN- TIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo.,dey,yr.)	E. REMARKS
1. NO HAZARD	Χ		2000 28 PT - 1 PT - 1	
2. HUMAN HEALTH				
NON-WORKER				
4. WORKER INJURY				
CONTAMINATION OF WATER SUPPLY				
OF FOOD CHAIN	•	* 4		
7. CONTAMINATION OF GROUND WATER				
6. OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION				
12. NOTIFFABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
2 2. OTHER (epocity):				

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Continued From Front	-		
		VII. PERMIT INFO	RMATION
A. INDICATE ALL APPLICABLE PER	MITS HELD BY TH	E SITE.	
T 1. NPDES PERMIT* 2. SPC	CPLAN X	3. STATE PERMIT	(specify): WDW-122 TX 30458
4. AIR PERMITS 5. LOC	AL PERMIT	6. RCRA TRANSPO	EPA ID. No. TXD 04 3750512
T RCPA STORER X 8 RCF	A TREATER X	9 RCRA DISPOSE	1
* NPDES permit cancell	ed at Pennwa	ilt's request	
B. IN COMPLIANCE?			
1. YES X 2. NO		3. UNKHOWN	
4. WITH RESPECT TO (list regula	etion name & numbe	TX30458	See letter 7-26-82 Smith Parker
	VIII.	PAST REGULATO	RY ACTIONS '
As a result of TDWR ind		d waste comp	liance inspection, Pennwalt was cited yanide tanks as on-site management
	IX. INSPE	CTION ACTIVITY	(past or on-going)
A NONE X B. YES	(complete items 1,	2,3, & 4 below)	
1. TYPE OF ACTIVITY	2 DATE OF PAST ACTION (mo., day, & yr.)	3 PERFORMED BY: (EPA/State)	4. DESCRIPTION
Open dump inventory	12-17-82	State	Site inspection by TDWR for compliance
	X. REM	EDIAL ACTIVITY	(past or on-going)
A. NONE X B. YES	(complete items 1,	2, 3, & 4 below)	
1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
Amend. of industrial solid waste registratio	7-26-82 n	State	To add cyanide waste as stored and treate
NOTE: Based on the information information on the first			out the Preliminary Assessment (Section II)

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